



**STATEMENT OF PROCEEDINGS FOR THE
REGULAR MEETING OF THE
LOS ANGELES COUNTY COMMISSION FOR
CHILDREN AND FAMILIES
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 739
LOS ANGELES, CALIFORNIA 90012
<http://latchildrenscommission.org>**

Monday, April 20, 2015

10:00 AM

AUDIO LINK FOR THE ENTIRE MEETING (15-1804)

Attachments: [AUDIO](#)

Call to Order. (15-1738)

Present: Commissioner Candace Cooper, Commissioner Patricia Curry,
Commissioner Ann E. Franzen, Commissioner Wendy Garen,
Commissioner Sunny Kang, Commissioner Jacquelyn
McCroskey, Commissioner Wendy B. Smith, Commissioner
Adelina Sorkin LCSW/ACSW, Vice Chair Carol O. Biondi and
Vice Chair Sydney Kamlager

Excused: Commissioner Genevra Berger, Commissioner John Kim,
Commissioner Adrienne Konigar-Macklin and Commissioner Liz
Seipel

I. ADMINISTRATIVE MATTERS

1. Introductions of the April 20, 2015 meeting attendees. (15-1739)

Self-introductions were made.

2. Approval of the April 20, 2015 Meeting Agenda. (15-1740)

On motion of Commissioner Sorkin, seconded by Commissioner Kang (Commissioners Berger, Cooper, Kim, Konigar-Macklin, Seipel, and Vice Chair Kamlager being absent), the Commission approved this item.

3. Approval of the minutes from the meeting of April 6, 2015. (15-1741)

By Common Consent, there being no objection (Commissioners Berger, Cooper, Kim, Konigar-Macklin, Seipel, and Vice Chair Kamlager being absent), this item was continued to May 4, 2015.

DRAFT

Attachments: [SEE SUPPORTING DOCUMENT](#)

II. REPORTS

4. Vice Chair's report for April 20, 2015. (15-1742)

Vice Chair Biondi reported on the following:

- **The Commission welcomed newly appointed Commissioner Wendy Garen of The Ralph M. Parsons Foundation. Commissioner Garen was appointed by the Board of Supervisors (Board) on Tuesday, April 14, 2015.**
- **Vice Chair Biondi recognized Commissioner Sorkin for her 17 years of dedicated service to the County of Los Angeles and her heartfelt commitment to the welfare of the children and families.**

Commissioner Sorkin updated the Commission on the System Leadership Team (SLT) Meeting as follows:

- **At the April 15, 2015 meeting, the SLT was advised that the Innovative Grants were sent to the Oversight Committee in Sacramento. The Innovative Grants represent nearly \$30 million a year for the next three years, and a one-time funding source to bolster the Police Department.**
- **A coalition consisting of SLT members and other community organizations was formed for the merger between the Department of Health Services (DHS), the Department of Mental Health (DMH), and the Department of Public Health (DPH). The deadline to submit concerns regarding the merger has been extended from May 15, 2015 to May 29, 2015.**

By Common Consent, there being no objection (Commissioners Berger, Kim, Konigar-Macklin, Seipel and Vice Chair Kamlager being absent), the Commission accepted the Vice Chair's report.

5. Department of Children and Family Services Director's Report for April 20, 2015 by Philip Browning, Director. (15-1743)

Director Browning reported on the following:

- **The County had its first review of the budget on Tuesday, April 14, 2015 and currently has 542 positions for the Department of Children and**

Family Services (DCFS). Among these budgeted positions, 250 are Social Workers. Assistant Regional Administrators and Intermediate Typist Clerks are needed as support staff to Social Workers.

- **Since August of 2013, DCFS has hired 850 new Social Workers. A new training program has been developed that simulates a variety of real-life scenarios that Social Workers encounter. Director Browning spent time with the new Social Workers at a debriefing session immediately following the new training program, and received positive feedback on how in-depth the training was. Additionally a new Core Practice Model has been added to involve the foster youth population with their relatives and community. DCFS is confident that the new training will produce Social Workers who are better prepared to serve children.**
- **On April 17, 2015, Director Browning met with a Representative from the Australian Government whose job role paralleled that of the Commission for Children and Families. Director Browning commented that the problems faced by the Australian Government were similar to those of the County of Los Angeles. Despite their caseload amounting to one-sixth of that of Los Angeles County, Australia has a higher percentage than Los Angeles County of youth in residential care. Among the 6,000 youth, Australia has 500 children in residential care.**
- **DCFS and the Department of Public Social Services (DPSS) are convening on April 20, 2015 at 1:00 pm in Glendora, California to undertake the initial eligibility for the new Approved Relative Caregiver (ARC) Funding Program. A work group consisting of 35 staff members from DCFS and DPSS will be stationed in a conference room in order to allow staff to communicate with each other. Thus far, 250 applicants have responded since the mailing of the first set of ARC brochures on April 16, 2015. The County of Los Angeles encompasses 56 percent of the entire State's ARC caseload. DCFS has more ARCs than all of the other 57 Counties combined.**
- **Director Browning recognized Commissioner Sorkin for her 17 years as a member of the Commission and paid tribute to her passion and commitment to children and families.**

By Common Consent, there being no objection (Commissioners Berger, Kim, Konigar-Macklin, and Seipel being absent), the Commission accepted Director Browning's report.

III. PRESENTATIONS

6. Presentation by the Department of Children and Family Services on the Foster Care Search Engine System. (15-1744)

Cecilia Custodio, Business Information Systems Manager, My Trinh, Foster Care Search System Project Leader, and Jason Ly, Technical Expert reported on the following:

- **The Foster Care Search System (FCSS) is a web-based application that helps DCFS employees better identify placement home vacancies through its ability to search home availability on a near real-time data base. FCSS also automates the work flow from the point a Children's Social Worker (CSW) requests a placement until the time a child gets placed.**
- **The Panel performed a demonstration of a placement scenario using the FCSS and its associated mobile app via iPhone. Each panel member assumed the roles of a CSW, a Technical Assistant (TA), and a Technical Assistance Supervisor (TA Sup), and took the Commission through a step-by-step process.**

The Panel shared the following acronyms used in the PowerPoint presentation and the supporting document:

- **FCSS = Foster Care Search System**
- **CWS/CMS = Child Welfare Services/Case Management System**
- **DCFS 280 = The Manual form that CSW submits for Technical Assistance to request for Placement Search, Placement Packet, Stop Placement and other Miscellaneous requests.**

Different Type of Users/Roles:

- **CSW = Children Social Workers**
- **SCSW = Supervising Children Social Workers**
- **TA = Technical Assistance – These are the workers who perform the searches for the placement homes.**
- **TA Sup = Technical Assistance Supervisor**
- **RA = Regional Administrators**
- **ARA = Assistant Regional Administrators**
- **APT = Accelerated Placement Team**
- **ERCP = Emergency Response Command Post**

Different Type of Homes:

- FFH = Foster Family Home
- SFH = Small Family Home
- GH = Group Home
- FFA = Foster Family Agency
- FFACH = Foster Family Agency Certified Home

- Different Type of 280 Requests
- PSR= Placement Search Request
- PPR = Placement Packet Request
- SPR = Stop Placement Request

In response to questions posed by the Commission, the DCFS FCSS Panel responded:

- **The FCSS is capable of handling multiple children from the same family without having to enter each child as an individual search query. A search can be conducted for multiple children at one time using the same search window; each child will have their own set of columns denoting the child's characteristics, such as age, special needs, etcetera.**
- **A child's residence address can be entered into the FCSS and FCSS uses Geographic Information Systems (GIS) and produces a map displaying results of all the potential placement homes in accordance with proximity.**
- **FCSS has the capability of transferring request to the Accelerated Placement Team (APT) in times where placement cannot be secured. The Youth Welcome Center (YWC) and the Children's Welcome Center (CWC) have access to FCSS, facilitating placement.**
- **Commissioner Curry emphasized the need for a policy that mandates prioritizing securing placement within close proximity of a child's original residence.**
- **Commissioner Curry recommended that positive qualities be added as options to select within the characteristic columns of the FCSS search window.**

By Common Consent, there being no objection (Commissioners Berger, Kim, Konigar-Macklin, and Seipel being absent), the FCSS Presentation by DCFS was received and filed.

Attachments: [SEE SUPPORTING DOCUMENT](#)

7. Discussion on the use of Psychotropic Medications for Children in the Foster Care and Probation Systems
- Dr. Marvin Southard, Director of Mental Health
 - Co-Presenters are Dr. Christopher Thompson & Dr. William Arroyo
 - Felicia Davis, Director - Probation Department - Child Welfare - Residential Based Services- Placement
 - Dr. Charles Sophy, Department of Children and Family Services
 - Chief Presiding Judge Michael Levanas, Edelman Children's Court (15-1745)

The Panel reported on the following:

- **The model for psychotropic medication used in children within the child welfare system in the County of Los Angeles was developed as a result of the collaboration between Judge Nash, former Presiding Judge of the Juvenile Court, and the Department of Mental Health (DMH). Due to the roles assumed by Judge Nash, Dr. Arroyo, and Dr. Thompson, Los Angeles County hosts a premiere system ensuring that psychotropic medications for dependent youth receive a high degree of scrutiny and result in better outcomes. Within the process, the role of DMH is to make recommendations on the types of psychotropic medications prescribed for each individual child; the Juvenile Court then takes these recommendations and is tasked with approving or denying the psychotropic medication prescriptions.**
- **To address the 10,000 to 12,000 psychotropic medications requests received annually, DMH developed an algorithm that allows them to monitor whether the prescription recommended falls outside of normal practices. Additional information is requested for the instances where a prescription appears as an outlier when vetted by this algorithm.**

DMH currently faces two long-term challenges involving the psychotropic medication request process:

- **The first is a mass accumulation of data results from the 10,000 to 12,000 psychotropic medication requests received annually. DMH has yet to develop an elegant method for summarizing and delving into this data. Currently, DMH is in the development stages of a new system, which will be a computerized database to make data extraction more accessible.**

- The second challenge stems from the different ways by which the psychotropic medication requests are received. DMH has full control over the medications, the prescriptions and prescribing practices when a child is obtaining treatment through the DMH system of care, DMH's providers, or community agencies. However, if medications are prescribed by individuals within the wider medical network, but outside of the DMH system, the controls are less yet considerable, as DMH has access to the prescriber's Medicaid prescribing background. DMH has the least amount of scrutiny over the population of youth that are prescribed medications outside of the Medicaid system entirely. These instances include prescriptions by primary care physicians that are not billed through Medicaid or a Health Maintenance Organization (HMO).
- Legislation mandates a Treatment Authorization Review (TAR) process for psychotropic medication for youth. Pharmacists that fill the prescriptions are the holders of the TAR, and consequently will not fill the prescription unless the TAR is responded to in a proper manner. For DMH's system, this issue has at times, lead to delays in the filling of prescriptions, and consequently complicated placement and proper treatment of children.
- DMH has been working with the State to streamline methods for the TAR process and not to impede the quality of care owed to children.
- Many reforms on psychotropic medication that the State has adopted for its system, is based on practices that have evolved in Los Angeles County. Dr. Southard expressed gratitude for the advocacy of the Juvenile Court and their joint partnership.
- Dr. Arroyo credited much work to DCFS staff, as DMH depends on DCFS to have an ongoing monitoring system to ensure that medications recommended by Dr. Thompson's staff and approved by a Judge, continue to be taken as prescribed.
- Juvenile Court Mental Health Services was established 20 years ago, which at the time was advanced in the field of prescribing psychotropic medication to foster and delinquency youth. The Multi-Disciplinary Team is comprised of Social Workers, psychologists, a pharmacist, and two psychiatrists, and is tasked with reviewing psychotropic medication applications and conducting face-to-face consultations for the dependency youth in the community.

In response to questions posed by the Commission, the Panel responded as follows:

- **The DMH psychotropic prescription review process relates only to the dependent youth population, as there is no court review for broader prescription issues outside of this population.**
- **Currently, DMH reviews psychotropic medication applications for delinquency youth; however, DMH does not conduct face-to-face consultations with delinquency youth. The face-to-face consultations developed as a homegrown program within the Edmund D. Edelman Children's Court and have yet to expand to the Delinquency Courts.**
- **In 1991, the State transferred the responsibility of healthcare for all of the children in dependency from the State Department of Health Services to the Department of Social Services. By translation of realignment, DCFS has assumed that responsibility. When current protocols were launched in Los Angeles County, DMH began to work very closely with DCFS to ensure that psychotropic medication was in alignment with best community practices from a mental healthcare side. A similar statute pertaining to the delinquency population as there is with the dependency population. For delinquency youth, the prescribing of psychotropic medication in the halls and camps is monitored by DMH employees. For every child in delinquency –whether prescribed psychotropic medication or not—a discharge in the community plan is developed upon release from the camps. DMH has a team that works with probation officers to formulate a discharge plan and allow for community linkages.**
- **With regard to the concern of the youth's continuance of taking medication when released from camps, challenges have been observed on the child's willingness to continue medication. Generally the side effects and stigmas associated with the psychotropic medications prevent children from wanting to continue their psychotropic medication regimens.**
- **Non-medication interventions are always considered first. No child receives psychiatric medication without having a therapist consultation beforehand. The only exception is when an emergency situation occurs, and the psychotropic medication is needed to deal with the emergent situation. General practice for prescribing psychotropic medication includes evaluation of the child; the completed evaluation is used to develop a treatment plan, and the treatment plan identifies which staff members will take part in the child's treatment plan.**

Many children do not have medication as part of their treatment plan and instead have a case manager.

- **Vice Chair Biondi requested DMH and the Probation Department to report back to the Commission with the specific follow-up treatment received by delinquency youth population who were on psychotropic medication while in the camps, halls, and suitable placement, including:**
 - **The kind of follow-up treatment and for how long?**
 - **Are youth seeing someone beyond their probation officer, such as a psychologist or a master of social work, and if so, how frequently and for how long?**

By Common Consent, there being no objection (Commissioners Berger, Kim, Konigar-Macklin, and Seipel being absent), the discussion on the use of Psychotropic Medications for Children in the Foster Care and Probation Systems was received and filed.

Attachments: [SEE SUPPORTING DOCUMENT](#)
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IV. MISCELLANEOUS

Matters Not Posted

8. Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (15-1746)

There were none.

Announcements

9. Announcements for the meeting of April 20, 2015. (15-1747)

There were none.

Public Comment

10. Opportunity for members of the public to address the Commission on item(s) of interest that are within the jurisdiction of the Commission. (15-1748)

No members of the public addressed the Commission.

Adjournment

11. Adjournment for the meeting of April 20, 2015. (15-1749)

The meeting adjourned at 12:09 p.m.